

Company:

Address:

## CHAIN-OF-CUSTODY / Analytical Reques

The Chain-of-Custody is a LEGAL DOCUMENT, All relevant field

W0#:1292117

PM: MMW

CLIENT: USS CORP

Due Date: 08/02/17

Requested Due Date: Mt. Iron, MN 55768 Required Client Information: SD 001 (Seep 020) P.O. Box 417 USS Corporation One Character per box.
(A-Z, 0-9 /, -)
Sample Ids must be unique **SAMPLE ID** ADDITIONAL COMMENTS Fax: MATRIX
Drinking Water
Vvater
Vvater
Vvater
Vvater
Vvater
Volid
Solf/Solid
Oil
Vvipe
Air
Other
Tissue Project Name: Report To: Tom Moe Purchase Order #: Сору То: Required Project Information: TS AW OF SEL AWAL RELINQUISHED BY / AFFILIATION ş MATRIX CODE (see valid codes to left) NPDES-TB Wk3 SAMPLE TYPE (G=GRAB C=COMP) 7/14/17 11:00 Yemr START SAMPLER NAME AND SIGNATURE TIME COLLECTED PRINT Name of SAMPLER: SIGNATURE of SAMPLER: 2003 11 Libella DATE END EN/W/C DATE SAMPLE TEMP AT COLLECTION Section C Invoice Information: Address: # OF CONTAINERS 13,15 Pace Project Manager: Pace Quote: Company Name: Attention: Jason K Bonson TIME Unpreserved H2SO4 ниоз Preservatives HCI NaOH ACCEPTED BY / AFFILIATION Na2S2O3 Methanol zika@pacelabs.com Other **Analyses Test** Y/N TSS DATE Signed: × TRPH 1664 ted Analysis Filtered (Y/N) 7-19-17 DATE 13:15 HIE TEMP in C Residual Chlorine (Y/N) Received on SAMPLE CONDITIONS (Y/N) Custody Sealed Coole (Y/N) Samples Intact (Y/N)

10 3 12

9 œ o 5 4 ω 2 \_ ITEM #

## Pace Analytical\*

## Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10

Document Revised: 15Mar2016 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Courier: Fed Ex UPS Commercial Pace	USPS Other:			PM: MMW Due Date: 08/02/17 CLIENT: USS CORP
racking Number:				Optional: Proj. Due Date: Proj. Name:
ustody Seal on Cooler/Box Present? Yes	No	Seals In	tact?	Yes No Optional: Proj. Due Date. Proj. Name:
acking Material: DBubble Wrap Bubble B	ags N	one [	]Other:	Temp Blank? Yes No
ermometer Used: 📈 140792808	Type of	lce: 🛮	Wet [	Blue None Samples on ice, cooling process has b
Cooler Temp Read °C: 13 Cooler Temp mp should be above freezing to 6°C Correction Fac	Corrected ° ctor: <u>†0</u> .	C: / 6	Date and	Biological Tissue Frozen? Yes No July Initials of Person Examining Contents: By 7///
Chain of Custody Present?	Yes	□No	□N/A	1.
Chain of Custody Filled Out?	Yes	□No	□N/A	2.
Chain of Custody Relinquished?	Yes	□ No	□N/A	3.
Sampler Name and Signature on COC?	Yes	□No	□N/A	4.
				5 1/5 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Samples Arrived within Hold Time?	Yes	□No	□N/A	5. If Fecal.
Short Hold Time Analysis (<72 hr)?	Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	□N/A	7.
Sufficient Volume?	Yes	□No	□N/A	8.
Correct Containers Used?	Yes	□ No	□n/a	9.
-Pace Containers Used?	Yes	No	□N/A	
Containers Intact?	Yes	□No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	No	N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	⊠Yes	No	UN/A	<del>  12.</del> 
-Includes Date/Time/ID/Analysis Matrix: W	<u>(</u>			Con all log for results and additional preservati
All containers needing acid/base preservation will be	Yes	□No	□N/A	See pH log for results and additional preservati
checked and documented in the pH logbook.	Yes	□No	ZN/A	documentation
Headspace in Methyl Mercury Container				13.
Headspace in VOA Vials ( >6mm)?	Yes	□No	ZN/A ZN/A	14. 15.
Trip Blank Present? Trip Blank Custody Seals Present?	∐Yes □Yes	□No	ZN/A	13.
Pace Trip Blank Lot # (if purchased):			J.VIII	
	=			
IENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Date/Time:
Comments/Resolution:				

Project Manager Review: Date: 7/9/7

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)